

MAR 22 2011

**Petition for Extension of Time
under 37 CFR 1.136(a)**

Docket Number

ASICS 3.0-033

Address To
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Application Information

First Named Inventor	KUBO
Application No.	10/562,564
Filing Date	December 27, 2005
Examiner	Prange, Sharon
Art Unit	3728

Title of Invention

SOLE WITH REINFORCEMENT STRUCTURE

COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

Applicant(s) hereby request(s) an extension of time of (check desired time period):

- | | |
|--|--|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | |

from: January 26, 2011
Date

until

March 26, 2011 FC:1252
Date

03/23/2011 MAR211 00000008 10562564

490.00 00

Fee Calculation

Fee for Extension of Time:

\$490

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL**

\$490

Method of Payment☐ Deposit Account ☒ Credit Card ☐ Check ☐ Money Order ☐ Other: _____

Deposit Account Number

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | |
|--|
| <input type="checkbox"/> Charge the fee(s) set forth above |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 |
| <input type="checkbox"/> Charge fee(s) indicated above, except for the filing fee |
| <input type="checkbox"/> Credit any overpayments |
| <input type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to the Deposit Account above. |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.

Amount Grand Total

\$490

Petition for Extension of Time under 37 CFR 1.136(a)

Docket Number

ASICS 3.0-033

Correspondence Address

Customer Number 000075826

-OR-

Name Michael E. Zall

Address Two Yorkshire Drive

City Suffern

State New York

Country United States of America

Postal Code 10901

Phone Number (845) 357-6800

E-mail Address mike@zall-law.com

Certificate of Mailing by Express Mail

I hereby certify that this Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

(Date of Mailing)

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

("Express Mail" Mailing Label Number)

Certificate of Mailing by First Class Mail

I hereby certify that this Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

(Date of Mailing)

(Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

Certificate of Transmission

I hereby certify that this Petition for Extension of Time, accompanying documents, and fee authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:

03/22/2011

Michael E. Zall

(Date of Transmission)

(Name of Person Transmitting Correspondence)

(Signature of Person Transmitting Correspondence)

Signature Instructions

Select the name of the person who will electronically sign the Petition for Extension of Time from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box

Name	Michael E. Zall	Registration Number	27.023
Signatory Capacity	Attorney in Applicant	E-mail Address	Mike@Zall-Law.com
eSign	Date Signed		03/22/2011